

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/444790

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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Page 2

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	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						1	51						
10 2						1	52						
10 3						1	53						
10 4						4	54						
10 5						4	55						
10 6					1	4	56						
10 7					01	0	57						
10 8						1	58						
10 9						1	59						
11 0						1	60						
11 1						1	61						
11 2						5	62						
11 3						5	63						
11 4						0	64						
11 5						0	65						
11 6						0	66						
11 7						0	67						
11 8						0	68						
11 9							69						
12 0							70						
12 1							71						
12 2							72						
12 3							73						
12 4							74						
12 5							75						
12 6							76						
12 7							77						
12 8							78						
12 9							79						
13 0							80						
13 1							81						
13 2							82						
13 3							83						
13 4							84						
13 5							85						
13 6							86						
13 7							87						
13 8							88						
13 9							89						
14 0							90						
14 1							91						
14 2							92						
14 3							93						
14 4							94						
14 5							95						
14 6							96						
14 7							97						
14 8							98						
14 9							99						
15 0							100						
TOTAL IND.					4		TOTAL IND.						
TOTAL DEP.					40		TOTAL DEP.						
TOTAL CLAIMS					44		TOTAL CLAIMS						